

AFFIDAVIT

I, S/o, D/o, W/o Sri
ge..... Year's. Residence of At.- Post..... Via
P.S.- Distt.- do here by solemnly affirm and declare as follows :-

1. That I have passed I. Sc. (10+2) Science with Physics, Chemistry, Biology examination
from (Address of passing college) through
University/ Board/ Council (Name)
2. That my date of birth is As our college/ School admission register &
Matriculation (Higher Secondary) certificate.
3. That I have not any Police/ Criminal/ Social Case.
4. That my college/ School Roll No.- University/ Board Roll No.- & University/
Board Registration No.- as my College/ School register.
5. That less than 75% attendance in Theory & Practical I shall not be allowed to appear in B.R.A. Bihar
University Muzaffarpur Examination.
6. That I will accept the rights of making any addition, omission, alteration & regulation including fee
structure by the management.
7. That Original documents will be returned from college after passing out (B. H. M. S. Degree Course completion)
8. That During B.H.M.S. course, I shall not be doing any other course.
9. That I will be not attend the class without Dress and apron.
10. That I will be deposit monthly tuition fee last week of every month other wise, I paid with late fine.
11. That if my statement is wrong then I am also responsible for the same.
12. That the above contents are true to the best of my knowledge.

Parents / Guardian Signature.

Student's Signature.

DECLARATION

Undertaken and pledged by the candidate.

I hereby certify that the entries made by me in this form are correct to the best of my knowledge and I have not concealed any information in any manner.

I agree to observe & abide by all the rules & regulations of the institutions in which I may be, admitted including those with regard to programme of studies syllabus, scheme of examination rules and the rules that may be laid from time to time by council of homoeopathic system of medicine or institution during the period or my studies & I will not associate myself with any activity predicial to the discipline of the institution. I fully understand that for any violation or infringement of these rules & regulations, disciplinary action can be taken against me by the authorities, which may include cancellation of the candidature.

I certify that I am not involved in any illegal activity & no criminal case in pending against me in any court or law.

I understand that if any stage, it is found that I have provide any wrong information to sick admission, my admission shall stand cancelled automatically I shall have no claim whatsoever, on the seat or the dues paid to the institution.

Date

Place.....

Signature of the Student.

Undertaking By Parents / Guardian

I certify that my son / Daughter / Wife / Ward Mr. / Mrs. has submitted this with my knowledge and consent and I hold myself responsible for his / her good conduct and his / her maintenance and any payment of fee during the stay at institution. The entries by him / her in the admission form are correct to the best of my knowledge.

Date

Place.....

Signature of the Parents / Guardian.

FOR OFFICE USE ONLY

Name : -

Roll No. -

Session -

Remarks:-

Dealing Assistant

Principal